

A Church That Heals: A Pastoral Letter on Health and Well-Being in West Virginia

Dear Brothers and Sisters in Christ,

Upon my arrival in the Diocese of Wheeling-Charleston, I was eager to meet the people, to hear of their accomplishments and their needs and to learn about the state. I learned of its diversity:

- the rugged beauty of its mountains, streams and rivers;
- the rusting infrastructure of a bygone day of industrial and manufacturing might;
- the scarred landscape and hard and dangerous work of coal miners;
- the bountiful farms and orchards;
- the power plants endlessly feeding a nation's insatiable appetite for energy; and
- the bedroom communities adjacent to large metropolitan areas.

I have learned of one common thread in this patchwork. We are far from the place called health: "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."¹ The road to this place of health and well-being requires that we develop a healthy, vigorous and just environment of social networks and mutual relationships that supports the health and well-being of all of us.

We do not travel this road alone. The obstacles to health that we face in West Virginia are different in degree, but not in nature, than those we face as a nation. The system of health care in the United States is ill; in West Virginia, we see its worst symptoms.

- Forty-five million Americans, including a disproportionate number of West Virginians, have no health insurance.
- The dramatic increases of health care costs strain federal and state budgets including West Virginia's.²
- Other countries and other states spend proportionally less money on health care than do the United States and West Virginia but have better outcomes of life expectancy.
- Our resources, nationally, are geared to illness treatment rather than its prevention or health promotion.
- Our resources in the state and nation are distributed inversely to the need for them.

Just as the problems extend beyond our state, so too do the demands for justice. The health and well-being of our people is at once a struggle of the state, the Appalachian region, the nation and of the human family.³ As the evangelist Luke instructs us in his Gospel, the struggle for social justice is the struggle of the children of God because we are witnesses of faith in the Jesus who came so that we might have life and have it more abundantly. Therefore, I feel compelled to ask how our living faith may be an instrument of healing not only of symptoms but of the root causes of the social conditions that affect the well-being of our communities. How will we be a Church that heals?

Lifting Our Eyes to the Mountains

Part of a Church that heals is evident in the rugged beauty of the state. Mountains, hills and trees point to heaven. They provide endless and ancient vistas and offer an ideal habitat for the rich diversity of plants, animals, birds and peoples. Mountainous terrain, hills dotted with evergreen, rhododendron, mountain laurel, endless vistas from rugged rocks and valleys patched with fog and morning mist all grace this beautiful state. In the forests of our mountains we may see our own lives. West Virginians are warm, genuine, honest and strong. They are committed to their families and made stronger by their extended families, who cross county and state borders and bloodlines to help. Families run deep as the roots of the forests that cover the hills. We know that a sense of being loved and supported best predict health. In contrast, isolation and loneliness best predict disease and injury.

Looking through the lens of health, we may find other meanings in the mountains, the forests and their streams and rivers. It humbles us to reflect upon the forces that shaped them over time. They so greatly exceed our own power. It humbles us also to reflect on our impact on them. We allowed the careless extraction of natural resources. Historically, we created a mining and manufacturing infrastructure that severely compromised the quality of our air and water. Reckless suburban and commercial development and a mindless consumerism often compromise the health and well-being of our communities. We are left with coal mine subsidence in some places and social isolation in others, which undermine our communities. Our choked streams too easily become the cannon barrels of rampaging waters. Clearly, nature tells us to be much more careful with the resources entrusted to our stewardship.

The lens of health also permits us another more hopeful message from the mountains, forests, streams and rivers. Like our families, the roots of the trees of our forests also depend on extended support. Healthy trees send their roots sideways. In the face of wind, rain and ice, a forest prevails because of its interwoven root system. The roots live together so intimately that the forest functions as one organism. Thus we find in the mountain forests our own need for a broad network of roots that weaves our lives with others for the health and well-being of all of us. The Prophet Isaiah tells us of this shared healing. When we care for the poor, hungry and needy, then our light will break forth like the dawn, and our own wounds quickly heal.⁴

Luke and the Message of Faith and Healing

In Luke's Gospel, we find Jesus at the very start of his public ministry invoking Isaiah's message of shared healing.

. . . He (Jesus) stood up to read and was handed a scroll of the prophet Isaiah. He unrolled the scroll and found the passage where it was written: "The Spirit of the Lord is upon me because he has anointed me to bring glad tidings to the poor. He has

sent me to proclaim liberty to captives and recovery of sight to the blind, to let the oppressed go free, and to proclaim a year acceptable to the Lord.” Rolling up the scroll, he handed it back to the attendant and sat down, and the eyes of all in the synagogue looked intently at him. He said to them, “Today this scripture passage is fulfilled in your hearing.”⁵

Thus, Jesus, from the first, expresses his mission in terms of healing. He affirms God’s particular concern for the poor and leads us to be in solidarity with all who find themselves involved at the front line in a struggle for liberation from the forces of oppression.⁶

It is most appropriate on the Feast of St. Luke, Physician and Evangelist, to reflect upon the health and well-being of our communities. Luke relates evangelization and healing in Jesus’ commissioning of the Twelve. He summoned the disciples and sent them on mission to engage in ministries that would restore health and well-being to individuals, families and communities. Jesus also sent the seventy-two, our predecessors:

Whatever town you enter and they welcome you, eat what is set before you, cure the sick in it and say to them, “The kingdom of God is at hand for you.”⁷

For Jesus, healing is never just the healing of the body but also mind, heart and spirit. It is not just about making people physically better, but it is about hearts made whole, sins forgiven and a world healed. The very proclamation of the word is meant to heal and cannot be separated from care of neighbor. As we share meals with the stranger, as the seventy-two did, we naturally build relationships which will lead us to a deeper concern for their health and well-being. As we let go of our self-interest and focus on the healing needs of others we will restore God’s covenant with those who have been denied the opportunity for health.

Healing has always been a significant concern and an ongoing activity of the Church. The relationship of reconciliation, healing and salvation are recurring themes in Luke. Jesus called his followers to repentance and to a transformation of their old attitudes and way of living into a radically new set of relationships and attitudes. The Sacraments of Anointing of the Sick and Reconciliation are concerned with the healing of body, mind, heart and spirit and restoration to the community. Both our prayerful concern and human efforts at healing are necessary acts of faith, hope and love.

We have seen an erosion of the life and vigor of Christ’s mission of healing. Today the Church is being called not simply to change but to transform the health of her communities, rebuilding and restoring in such a way that equitable opportunities for health are available to all and a new vision of what it means to be a healthy community is created. We, as members of the body of Christ, can no longer, however, afford to let our fellow family members and neighbors wait until they are broken for us to reach out and attempt to support their health. As a Church that heals, we must renew Luke’s call to the ministry of health and well-being.

This urgency hit home for me forcefully when I met a five-year-old boy and his parents at one of our diocesan health clinics. Children's faces tell you when they are not well. His facial expression spoke of pain and fear. The distance, transportation and income needed to bring him to the clinic required considerable sacrifice by his parents. I felt immensely grateful that the Church was there to partner with those parents on behalf of that child. On that day, only a few months after my arrival in the state, I understood first-hand the importance of the ministry of health and well-being.

A Continuing Struggle for Justice

I write in the spirit of the prophetic document, *This Land Is Home to Me*. This letter, A Church That Heals, deals with the same themes: the people, their rights, their hopes and their struggles with harsh realities.

The adult population of West Virginia experiences ill health and unhealthy behaviors at levels that are among the highest in the United States. In addition to high tobacco use, physical inactivity and inadequate fruit and vegetable consumption, the following sobering statistics ranking our state in relation to the other states are noted:

- High blood pressure—1st in the nation
- Arthritis—1st
- High Cholesterol—2nd
- Obesity—3rd
- Diabetes—4th
- Life expectancy—46th⁸
- Loss of all teeth by age 65—1st⁹

The health of our children is no less of a challenge. West Virginia ranks fourth in the nation regarding poor health and care for children. Poor dental health exists in epidemic proportion with West Virginia children 60 percent more likely to have untreated decay than the nation as a whole.¹⁰ For all of the following, we are worse than the national average:¹¹

- Low birth weight
- Infant mortality
- Child death rate
- Percent approved for free and reduced-price school meals
- Child abuse/neglect rate
- Teen birth rate, and
- Percent of births to unmarried teens.

These challenges make access to medical care critical. Yet one-quarter of the state adult population and 35 percent of the state's working-age population have no health-care coverage.¹² This is more than twice the 15.7 percent of the country's total population without insurance in 2004.¹³ Thus, even when there is adequate medical service, it is unavailable to many.

Still, access to health care is not the entire challenge. Experts tell us that genetics account for 20 percent of premature mortality; the environment accounts for 20 percent; and medical care accounts for 10 percent. The remaining 50 percent of premature mortality comes from lifestyle choices.

Our ailments are symptoms of underlying ills in society. We know that health status is related to income, education and employment. We know also that children and their mothers in single-parent families bear the greatest burden of poverty, poor education, unemployment and ill health. Whatever their condition, let us not excuse those whose violence and indifference make matters even worse. The West Virginia child abuse and neglect rate is nearly two times the national figure. Likewise, our state is plagued with an extraordinary incidence of domestic violence.

Neither, however, should we blame the victim. People behave consistent with their environment. Behind poor health behaviors we often find social injustice and inadequate social services and insufficient economic opportunities. Roads and transportation influence the appropriate use of health services. The distribution of health care providers influences access to health care. The distance to supermarkets in our rural areas, with healthier food choices, influences whether or not we can shop there. Poor local economies and high unemployment influence the choices workers make to take jobs without living wages or benefits. The lack of healthful alternatives for children and teens may influence some to turn to unhealthy behaviors including substance and alcohol abuse. Inadequate numbers of Spanish speakers among health and human service providers may keep recent immigrants from utilizing services. School and church lunches and refreshments may feature food with low nutritional value and contribute further to the problems with diet and obesity in our state. The well-known association of poverty, health and education does not spring from the spirit of our people but from a culture for which we are all responsible.

Within this state, as in all of Appalachia, the distribution of wealth, poverty and threats to health is uneven:

- The rust belt portions of our state have fewer manufacturing jobs and thus less income and employer-provided benefits, including health insurance.
- The populations of these areas, like other areas of the state, are graying as working-age sons and daughters leave to seek employment elsewhere, taking with them a portion of the root structure that sustained families and communities.
- Our areas surrounding large cities enjoy the prosperity that comes with the new employment opportunities in the professional and financial sectors and in the service economy.
- Both in rural areas and inner cities, we find social arrangements that concentrate unhealthy conditions—low income single-parent households, poor employment prospects—and the fewest remedies of services, education and work.
- We find in the outer city and inner suburbs, especially, core areas of employment, services, new technology and economic growth and investment.

Within all of these areas we find vulnerable groups. Among these we may number:

- those in isolation, including seniors and persons with physical and mental challenges;
- teenagers in search for meaning;
- children in poverty in need of basics including food;
- non-English-speaking groups in need of welcoming words of a universal language of caring;
- new levels of stress coming, paradoxically, from the demands of employment and unemployment;
- illiterate persons in need of access to the printed word; and
- the underemployed and unemployed in need of work at a living wage.

There may be no apparent remedies to prevent the occurrence of these conditions but their continuing nature speaks of our willingness to ignore them.

This Land Is Home to Me recognized that the challenges of Appalachia were part of a long-term struggle that many would have to continue. I offer this pastoral letter, *A Church That Heals*, as another step in this ongoing struggle for justice in the region and in the hope of releasing the cooperative power of our own people.

Where do we start looking for a Church that heals? We must start with the wonderful healing acts of faith of so many. We applaud:

- Our community mental health centers, hospitals, regional clinics and free and reduced-cost clinics that diligently provide care with and without compensation and weave together the safety net of community health services across the state;
- Our health professionals who work long, hard hours for compensation well below the national average;
- Our religious who, by their self-sacrifice, have established health care facilities throughout the state, including the health center where I saw the face of poverty and its threat to health in the face of a little boy;
- Those health care and human service providers who devotedly conduct their work sometimes under very trying circumstances;
- Our parish nurses and committees dealing with health and social justice issues;
- The initial efforts of the Office of Health Ministry;
- The education provided by FertilityCare Systems for natural family planning and their challenge for married couples to mutually value, respect and understand their combined fertility;
- Those who advocate for life from conception to natural death, our Right from the Start program, the Gabriel Project, Rachel's Vineyard, West Virginians for Life and hospice workers who tirelessly protect the dignity of life at all its stages;
- Citizen groups who have taken action to sustain the quality of our environment;
- Citizen groups who work to safeguard the conditions of our workers and to advocate for the most vulnerable among us—the children, the disabled and the elderly;
- Task forces that seek to access health care insurance for all;
- Health insurance provided to the children of our state by a compassionate legislature and governor;
- The Ministry of Praise which is present in so many parishes. It unites the sick,

disabled, homebound and elderly into a body of prayerful people who support their parishes and the universal Church. The offering of their prayers, sufferings and sacrifices as a perpetual gift to God supplies a spiritual treasure trove for the good of all and for their own spiritual growth as well; and

- Neighbors who quietly reach out to one another.

What the People of West Virginia Said

To better plan our next steps as a Church that heals, we listened to you so that we might better understand your needs and hopes.

Over the past several months, my staff held conversations and focus groups on health and well-being. They spoke with more than 400 men and women, clergy and laity, young and old and people of all races, income levels, educational background and work experiences in all parts of the state. We asked what promotes health, what hinders it and what we can do to overcome these obstacles. We also asked about the interaction between parishes and neighboring health providers.

We Heard

- Your call to advocacy on behalf of the poor and a call to help train the poor as advocates for themselves. You told us that they face challenges including insufficient economic development, few employment opportunities at a living wage, limited transportation, lack of health insurance and poor access to health care and other human service providers.
- Your affirmation of the impact of the environment on our health. You told us how poor stewardship has wounded the healing power of the land for our bodies, minds and spirits.
- Your call for attention to the social and cultural environment in which we live—fast food and “super-size” portions, drugs, tobacco and alcohol—is so detrimental to the health of our bodies, minds and spirits.
- Your recognition of the safe and free environment available in our church halls for support and self-help groups and of the need to increase this outreach ministry.
- Your attention to individual attitudes and personal responsibility. You were clear that each of us has a responsibility to ourselves, to others and to generations to come to be stewards of our own health as well as that of others. You did not blame the poor, the sick or the needy for their condition. You were aware of the stigma still attached to some conditions, including mental illness. You told us of individual attitudes of hopelessness, alienation and loneliness rooted in the social and economic prospects of those individuals. You reminded us that racism is still a barrier to health care and other resources.
- Your special concern for women’s health. You emphatically urged us to remember that their health needs must be met so that they can fulfill their role as bearers of new life and their traditional responsibility as caretakers of the young, the ill and the elderly.
- Your concern for social connectedness. You explained to us that empowerment

at the local level, collaboration with other advocates and service providers and intergenerational connections are means of strengthening health in our communities. Better connectedness between the churches will strengthen their power to advocate for just health systems. Knowing the needs and services of their local health clinics will make our churches more effective witnesses for the mission of health to communities.

- Your emphasis on spirituality as a means to strengthen and sustain the health of individuals and communities. In your words, we heard the echoes of Luke once again. Our spirituality enables us to see with the eyes of children things hidden from the wise and the learned.¹⁵ The wise and the learned, and even the clergy, passed by the wounded man on the road to Jericho before the Samaritan stopped and tended to his needs.¹⁶ Authentic spirituality does not stop at self but enables us to see the truth of our social responsibilities as part of the kingdom of God within us, others and our world.

- Your call for health education. You recommended health fairs and screenings for high blood pressure and other chronic conditions; for assistance to those who have difficulty asking for what they need, for example, non-English-speaking individuals, the elderly and the poor. You called for the development of ministries that would promote health and well-being through parish nursing, health and wellness committees, safe environments and advocacy.

The Principles of a Church that Heals

Luke's Gospel and our conversations throughout the state provide us with principles to guide the Church's health mission.

1. The first principle is an expanded vision of health. In recent years the Church's role in health and well-being has been understood primarily as providing technological services through medical care and hospitals. As we enlarge our vision, our perspectives will also need to shift to address the root problems of illness and involve the community in finding appropriate solutions.

A Church that heals will move out of isolation and single-mindedness in solving problems and develop strong partnerships with community members. We will need to move from being a consumer of medical services for treating ailments to being witnesses of healthy living and wholeness. We will be less satisfied with the mere absence of disease and work toward the integration of mind, body and spirit. A healthy way of life for our communities will not be a matter of patching an old way of life with some new habits as Christ said in the Gospel of Luke:

... "No one tears a piece from a new cloak to patch an old one. Otherwise, he will tear the new and the piece from it will not match the old cloak. Likewise, no one pours new wine into old wineskins. Otherwise, the new wine will burst the skins, and it will be spilled, and the skins will be ruined. Rather, new wine must be poured into fresh wineskins. (And) no one who has been drinking old wine desires new, for he says, 'The old is good.'"¹⁷

2. For Jesus, compassion and love of neighbor are central principles in the life of anyone centered in God. Luke quotes Jesus as saying: “Be merciful, just as [also] your Father is merciful.”¹⁸ Our compassion must be combined with a sense of justice forged in the crucible of our awareness of our interdependence, our respect for the human dignity of each person and our awareness that Jesus resides in each of us. Justice and compassion require no less than the transformation of many unjust social arrangements, as well as attention to their symptomatic consequences.

Jesus of Nazareth teaches that all the law, prophets and commandments are caught up in the two commandments of love: love of God and love of neighbor.

. . . “You shall love the Lord, your God, with all your heart, with all your being, with all your strength, and with all your mind, and your neighbor as yourself.”¹⁹

3. In responding to God’s call for health and well-being in our own lives, we are also challenged to work toward creating environments where health and well-being might be possible for all. Our faith prompts us to understand that we are not different from those we serve but part of a frail human condition whose best hope for health is in the recognition of our interdependence with each other and with our natural, social and cultural environment. It is a mystery of our faith that our vulnerability and the limitations of our frail condition are causes for confidence in our healing powers.

Our role as healers in need of healing puts us at the heart of the central tenet of our faith, the Paschal Mystery—of death and life, woundedness and healing and the extraordinary significance of ordinary acts of kindness—that gives us hope in the face of fear and doubt. Luke makes clear that for Jesus there is always a relationship between faith and healing. Jesus never said, “I heal you!” but rather told people, “. . . your faith has saved you.”²⁰ He involved the sick in restoring their own health and in addressing the health of others. A Church that heals will do the same.

4. Our state’s wonderful tradition of independence—“mountaineers are always free”—must come with an awareness that interdependence, that is, mutual assistance and solidarity in common purpose, is essential to our independence. Stewardship is a lifestyle based on the premise that what we have and who we are are gifts of God. We are caretakers of all of God’s gifts. Because human life is a gift of God, we have the responsibility to care for ourselves and to respect and enhance the well-being of all, from conception to natural death. Good stewardship builds happy, healthy families and individuals; promotes generous responses to communal needs; and allows all to share equitably in the resources available to us.

This healing bond of independence and interdependence has also been wounded by a distorted image of independence with its narrow focus on individual benefit and consumption of material goods. Mindfulness of our individual and common vulnerability calls us to heal ourselves and others and better enables us to do so. It was the Samaritan—vulnerable to wounds from scorn and prejudice—who understood and undertook the task of healing.

5. Intrinsic to our Christian faith is respect for the human person, whether that person be ourself or another. God created humankind in and out of love. God so loved the world that God sent Christ to live, suffer, die and rise for our salvation. The very Spirit of God resides in the depths of each human person. God the Father called us into being; God the Son gave his life to save ours; and God the Spirit sustains us in our daily living. The dignity of human persons is not determined by what they have but because they are children of God. Luke especially reminds us that Jesus, by example and word, reached out to the least favored. He went so far as to announce that service to them is service to God.

In Luke's Gospel, Jesus often illustrates this with the image of the one who hosts a meal.

*. . . "When you hold a lunch or a dinner, do not invite your friends or your brothers or your relatives or your wealthy neighbors, in case they may invite you back and you have repayment. Rather, when you hold a banquet, invite the poor, the crippled, the lame, the blind; blessed indeed will you be because of their inability to repay you. For you will be repaid at the resurrection of the righteous."*²¹

6. Our final principle sets a goal of matching the natural and human resources of our state with our moral resources—such as interdependence, faith, respect for the dignity of each person and stewardship. Unlike other resources, which we know all too well we have depleted, our moral resources increase with our use of them. The opposite also applies. We have fewer moral resources the less we use them. Unlike material things and even other resources, moral resources are inexhaustible treasures. No thief can ever reach and no moth can ever ruin them. Luke tells us to invest our hearts in them.²² Moral resources are a destination on a road we make by their practice. In a state so blessed with natural and human resources we cannot permit falling short of moral resources.

Restoring a Vision of Health for Our Churches

Principles run the risk of being platitudes unless we specify actions to breathe life into them. You were eloquent in naming the challenges that face us to embody these principles in action to promote our health and well-being. You were insightful in your recommendations for action. You called us to be a Church that heals:

- To support and sustain the existing exemplary programs of services and participation that we have in the state. Several of our community health centers, individual health providers and citizen groups have won national and international acclaim and recognition for their excellence, initiative and innovation. Our domestic violence shelters and their coalition provide direct assistance to almost 20,000 persons a year. Other coalitions and local programs address the issues of mental health, disabilities, environmental quality, poverty, community health centers, economic development, housing and other human needs. They provide direct services to some and indirect services to all of us.

- To address the irony, if not the hoax, of public policies that give with one hand and take with the other. While we have increased insurance coverage and health care access for some groups, our public policies reduce payments for the services to them. The result is that our community health centers, a national model of a safety net for the medically uninsured, are at their breaking points. Even members of our armed forces, whose valor we so publicly and properly proclaim, come home to find cutbacks in the medical and psychological services for them. The result is that those whom we have sent into harm's way bear too much of the human cost of having been there. We create incentives to send mothers to work at less than living wages and without provision for child care. The result is reduced welfare rolls but poverty that remains unchanged save for its increased severity.

“This system (community health centers as a safety net) although it is a vibrant and model system, it is also a vulnerable system. The number of uninsured people keeps going up in the state by 40,000 or 50,000 uninsured people each year. It seems like that’s not something that an individual community can address. These are issues that have to be addressed in the public policy arena. And they are going to require that the consumers and the uninsured in particular have a voice in how these problems get resolved; so that they’re not resolved in a way that solves the problems of the hospitals, or the insurance companies, or the drug companies.”

*Craig Robinson
Healing in the Hills*

Our challenge is clear: to make provisions for the promises we make. If we promise—as we should—safe working conditions, nutritional supplements for infants and pregnant women, Medicaid and other forms of health insurance, social services, environmental safeguards and programs for the most vulnerable among us, then we must provide for their full implementation and monitor their quality. We are bound by the public promises we make as much as those we make to one another.

West Virginians know too well the consequence of shortcuts and cost savings at the expense of the most vulnerable and least represented in our public forums. Their real price can be seen in the deep scars inflicted on our mountains, on the lives lost in our mines and draconian measures that remove or reduce public benefits for failure to comply with confusing, complex and even contradictory regulations. Our challenge is to look beyond the easy path of balancing budgets and cutting costs at the expense of the poor and the most vulnerable.

- To promote a transportation system that does not rely solely on the individual automobile. Our current system leads to air pollution, consumption of natural resources and disproportionately punishes the poor. We must provide mass transportation, pedestrian and bicycle infrastructures. Many communities are allocating 10 percent of their highway construction dollars to develop those infrastructures.²³

- To act as if we have a stake in the health of one another—because we do. Whether it is the Mystical Body of Christ, the social bonds of community or the interwoven roots of our forests, we learn that when we are less just we ignore the

injustices that beset others, less healthy when others and our environment fall ill, more vulnerable when others are not provided for and less democratic when all interests involved in policies and programs are not represented in their formation, design and implementation.

We must remove the boundaries that mark “us” and “them,” not only between those with more needs than others but among and between those who address those needs. We must look for opportunities to collaborate, to join together for more effective and efficient services with the resources we have and to gain strength in numbers in order to retain, increase and improve the resources that we need.

- To call on all educational institutions to join our efforts to overcome challenges to health in our communities. Our colleges and universities currently have some programs to train health professionals to serve in areas with too few resources, but communities need additional, creative approaches to meet continuing health care delivery needs. This may mean training local people for professional and paraprofessional roles, expanding roles of other health professionals such as nurse practitioners and physician assistants and providing additional incentives and training settings in places where professionals are needed.

Our schools, colleges and universities need to walk the talk of healthy behaviors in the menus, snacks and beverages which they make available to students and in the healthy, low-risk health behaviors of faculty who are seen as role models. As healthy hosts, our schools need to see that all of our children partake in daily physical activity and learn its importance for health status.

Schools are uniquely positioned to partner students, teachers and community members to identify key health issues in a town, county or region; to collect information on how other communities have solved similar problems; and to devise and implement responses appropriate to the locale. This is the process of community-based participatory planning.²⁴ It can offer practical solutions to health challenges and increase the collaboration and commitment within society, all of which strengthen the community body.

- If the Church’s call to healthy living is to be at all credible, it must testify to healthy living by example:
 - Clergy, religious and other church ministers must model healthy living;
 - Preaching, teaching and programs should encourage healthy living and practices making connections between faith and health;
 - Church institutions, governance and organizations should continue/develop practices that assist members and employees in living healthy lifestyles and do away with any that are harmful. The latter requires adequate health insurance for employees;
 - Parishes are encouraged to develop Health and Wholeness Committees and other models of health ministry, including parish nursing;
 - Participatory planning should exist on the parish level, involving pastoral councils and social concern committees networking with other parishes, the vicariate and diocesan services;
 - Families should be challenged to do all they can to promote healthy families and

households.

- Our diocese, parishes, schools, pastoral centers, religious communities and agencies, such as Catholic Community Services, have endless opportunities to promote spiritual, mental, emotional and physical wellness. We owe it to ourselves, to our families and to our children to involve our communities in addressing our health in the 21st century. The challenges are enormous, but the potentials are even greater. We are all leaders, stakeholders and participants. We all have a special mission to own the problems and the solutions.

I urge our parishes, especially through the network of parish nurses and the Diocesan Office of Health Ministry, to engage parishioners, members of other faith communities, health and human service providers and local residents to plan together. Through a collaborative process, we can foster our interdependence to grow and to express our moral resources and healing faith.

- To better meet the special needs of youth for safe activities, of the elderly for companionship and of the environment for our continued and improved stewardship. This challenge requires recognizing and acting upon the connectedness that we have with each other and in the places where we live. This connectedness is the starting place for effective leadership. Without it, it is less likely that people will recognize and act upon threats to their community, enlist the help of outside resources and join with efforts at the local, regional, state and national levels. There are other factors of effective community leadership but our first challenge is to nurture our sense of community.

- A challenge facing all of us is to live life reflectively, to develop a contemplative stance as we journey through life. We have to stop running through life but rather pause and stop and enjoy. We need to take time to be touched by ordinary moments: the beauty of a sunset, the light in the eyes of a child, the smile on the face of a friend, the tear in the eye of one who is hurting and the voice of God within.

We live in a world and environment where constant activity is the norm. Not only must we always be busy, but we must be busy about many things at the same time. Not only are computers expected to “multi-task” but so are people. Every minute of every day is to be filled with activity. We run from one event to the next. Physically we arrive at a new place before our minds and hearts are able to let go of what we were doing or where we were.

Such a lifestyle is unhealthy. It is quantity and not quality living. We pass through life and events and do not allow ourselves to experience deeply or be touched by people and happenings. The fruit of such living is frustration, anxiety, anger, depression and a multitude of physical and mental ills.

It will take time to make reflectivity a part of our lifestyle. We need to take time to create the habit of contemplative living. We need the discipline of going apart, so that we might be a part of all around us and know that we live in the presence of God. It will lead to healthier people making greater contributions to society. Deeper values will emerge in human living. Human interaction will be more wholesome and rewarding.

A Final Word

Finally, I call to mind that unique Christian, Mary, the Mother of Jesus, the first disciple. At the Annunciation, her “yes” allowed the healing presence of God to take human flesh as her Son. In the Visitation, she brought that healing presence to Elizabeth. In her Magnificat, she proclaimed a God whose mercy reaches from age to age. In Bethlehem, she both treasured and pondered the significance of a human life. It was she who nurtured the child and young adult Jesus. It was she who stood beside her Son in His suffering and death. It was she who stood with the early Church to experience the restoration of health through the resurrection.

May Mary’s example, Christ’s abiding presence and the activity of the Holy Spirit lead us to promote healthy living for ourselves and for others.

Sincerely yours in Christ,

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Most Reverend Michael J. Bransfield
Bishop of Wheeling-Charleston
Feast of St. Luke, Physician and Evangelist
October 18, 2006

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Ebenezer Medical Outreach, Inc., Huntington, WV
Eckman Learning Center, Eckman, WV
Health Access, Clarksburg, WV
Hygea Facilities, Whitesville, WV
Pendleton Community Care, Inc., Franklin, WV
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Endnotes

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24 For more information go to

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